

Tripartite Membership Application

OHIO DENTAL ASSOCIATION
Informing - Representing - Serving



For membership in the American Dental Association, Ohio Dental Association, and local component societies.

Thank you for your interest in becoming a member of organized dentistry! The American Dental Association, Ohio Dental Association and your local dental society have a tripartite membership structure meaning it provides you with membership at all three levels: local, state and national. Upon receipt of your application you will be provided with complete information regarding tripartite membership dues. Additional information may be requested in order to complete the application process. **Return completed applications by mail to ODA Dept. of Membership, 1370 Dublin Road, Columbus, OH 43215; fax to 614-486-0381 or email to membership@oda.org.**

GENERAL INFORMATION

First Name _____ Middle/Maiden Name _____ Last Name _____

ADA Number (if known) _____ Date of Birth _____ Gender Male Female

A current dental license is required for membership. License Number _____ State _____ Exp. _____

Were you a member of the American Student Dental Association (ASDA)? Yes, indicate year(s) _____ No

Please indicate current working arrangement:

Solo Small Group Large Group Partnership Associateship Federal Dental Service Clinic Faculty

What is your primary reason for joining organized dentistry? Select all that apply.

Information Representation Discounted Products/Services Networking/Fellowship Public Service

CONTACT INFORMATION

Please indicate if you prefer correspondence to be sent to: Office Home

Office

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email Address _____

Twitter _____

Facebook _____

Home

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email Address _____

Twitter _____

Facebook _____

Please indicate which address you would like to use to determine your component dental society: Office Home
Membership in a component dental society is based on the county where the dentist is engaged in practice or resides.

EDUCATIONAL HISTORY

Dental School _____ Graduation Date _____ Degree: DDS DMD

Advanced Education Program

General Practice Endo Oral Surgery Ortho Pathology Pediatric Perio Prostho Public Health Radiology

School/Hospital _____ Completion Date _____

Advanced Education Program

General Practice Endo Oral Surgery Ortho Pathology Pediatric Perio Prostho Public Health Radiology

School/Hospital _____ Completion Date _____

Is your practice limited to a specialty? Yes, please list _____ No, general practice

STATEMENT AND SIGNATURE

By signing below, I agree that the information provided within this application is true to the best of my knowledge. Once membership is approved, I also agree to abide by the American Dental Association Principles of Ethics and Code of Professional Conduct.

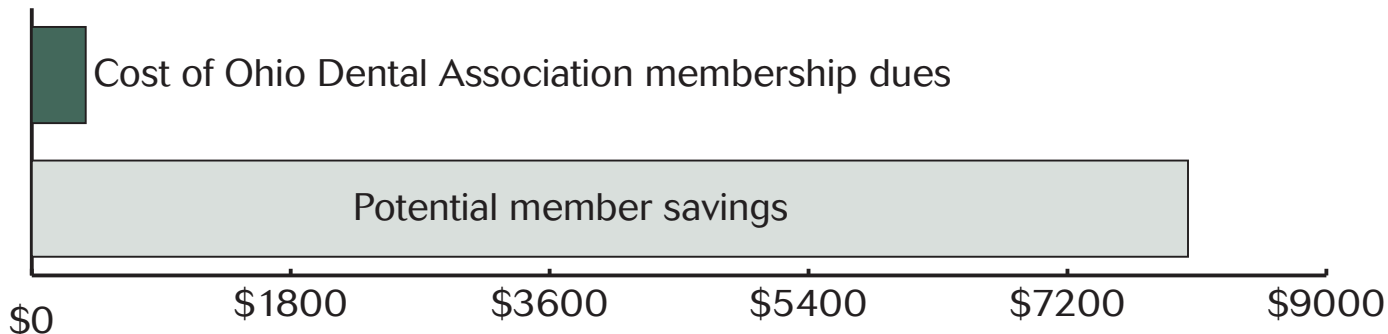
Signature _____ Date _____



Online application available at
www.oda.org

Ohio Dental Association
1370 Dublin Road, Columbus, Ohio 43215-1098
Phone: (614) 486-2700 | Fax: (614) 486-0381
membership@oda.org | www.oda.org

Cost-benefit analysis: ODA dues save members money



Potential savings available to ODA Members

ODA advocacy initiatives that save you money

Initiative	Estimated Savings	Details
Prevented implementation of new taxes	\$1,000	Based on stopping a proposal to extend sales tax to certain dental services
Maintained Exemption for Small Generators of Waste	\$1,000	Based on the cost of waste hauler fees
No Statewide Mandate for Amalgam Separators	\$700	Based on the cost of an Amalgam separator
No New License for Terminal Distributor of Dangerous Drugs	\$150	Based on the cost of proposed licensing fee
No New CE mandates in Human Trafficking	\$50	Based on the cost of mandatory CE course
Total: \$2,900		

ODA services that can save you money

Service	Estimated Savings	Details
Insurance Contract Analysis Service	\$400	Based on an estimated cost of an analysis from an attorney
General Legal Guidance from ODA Staff	\$200	Based on the average cost per hour of an attorney
Continuing Education	\$475	Based on a \$375 savings for members at Annual Session, plus up to a \$100 discount for an Annual Session course
Classified ads	\$33	Based on cost for members versus non-members
"ODA Today"	\$100	Based on yearly subscription fee for non-members
Total: \$1,208		

An example of ODASC products that can save you money

Product	Estimated Savings	Details
Professional Liability Insurance	\$75	5 percent annual discount. Average annual premium \$1,500
Disability Insurance	\$400	10 percent annual discount. Average annual premium \$4,000
Credit Card Processing	\$1,200	Average office savings of 23 percent annually
Electronic Claims Processing	\$600	Based on 200 claims per month X .25 per claim savings
Automated Patient Communication System	\$360	\$30 per month discount on Lighthouse 360 monthly fee
Website	\$465	ProSites offers members a 25 percent discount on website building; savings based on basic website priced at \$1860
Workers' Comp Group Rating	\$495	Based on maximum discount for an office of six staff
Personalized Whitening Gel Syringes	\$200	Compared to similar products (46 kits annually)
SUV Disinfectant	\$50	Free shipping and spray bottles
Sterilizing Test Strips	\$85	Compared to the cost of similar services
Total: \$3,930		

Total savings available to ODA Members: \$8,038

These savings are an example based on a typical office. Depending on the size of your office and other circumstances, savings may vary by practice.



Visit www.oda.org for more information on member benefits.

OHIO DENTAL ASSOCIATION
Informing - Representing - Serving

